



# AIR LINE PILOTS ASSOCIATION, INTERNATIONAL

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August 4, 2025

Tammy Ho  
Federal Aviation Administration  
CAMI Bldg. 13, 6500 South MacArthur Blvd.  
Oklahoma City, OK 73169

**Subject:** Docket No. FAA-2025-0562; Request for Comments; Clearance of a New Approval of Information Collection: Pilot Medical Disclosure Decision Making Model for Safety Risk

Dear Ms. Ho:

The Air Line Pilots Association, International (ALPA), representing the safety interests of more than 79,000 pilots at 42 U.S. and Canadian airlines, has reviewed the referenced request for comments.

The proposed collection of information is for the development of a “validated” model of pilot medical disclosure decision-making to better estimate safety risks. The FAA is seeking comments on whether (a) the proposed collection of information is necessary; (b) the accuracy of the estimated burden; (c) ways to enhance the quality, utility, and clarity of the collection; and (d) ways that the burden could be minimized without reducing the quality of the collected information.

ALPA participated in the 2024 Mental Health and Medical Clearances Aviation Rulemaking Committee; as such, ALPA recognizes the importance of pilot health and wellness, and the FAA plan to initiate collection of information. It is critical that specific safeguards be put in place for this collection of information, that protect both the individual reporter and the data itself. Given the sensitive nature of medical data and the regulatory environment in which pilots operate, ALPA is concerned about how the study findings could be used—intentionally or unintentionally—by the Federal Aviation Administration (FAA), employers, or other third-party organizations.

Without strict protections in place, pilots may fear that participating in the data collection activity could result in adverse consequences to their medical certification and their career, thus compromising both the accuracy and integrity of the data collected as well as the resulting model.

To address these concerns, ALPA makes the following recommendations for the data collection and study:

- **Anonymity at Source:** All data must be anonymized upon collection, ensuring no names, certificate numbers, or other identifiers are recorded. Data handling should be managed by a neutral third party to prevent re-identification.
- **Non-Reportability Clause:** Study materials must include clear (plain) language guaranteeing that no data—individual or aggregate—will be shared with employers, or any regulatory body in a manner that could result in enforcement action or certification review.

- **Independent Oversight:** An independent advisory board should be established, which would be composed of pilot representatives, including ALPA, legal advisors, and external researchers to oversee the study design, data management, and reporting.
- **Legal Data Protections:** Where applicable, legal protections (e.g., NIH Certificates of Confidentiality) should be obtained to shield the data from legal subpoena or compelled disclosure.
- **Voluntary, Informed Participation:** Participation must be entirely voluntary, with no employer tracking or influence. Informed consent documents must explain the protections in clear (plain) language.
- **Aggregate-Only Reporting:** All findings must be discussed in aggregate form, and no subgroup of data should be traceable to any individual or identifiable employer group.
- **Response evaluations:** While anonymity is important, as part of evaluating any survey results, it is essential to identify the demographic characteristics of the respondents and assess whether they are representative of the commercial pilot population. Various factors can skew study results, including but not limited to a disproportionate (or under) representation of pilots by age, gender, military vs. civilian background, type of airline, etc.
  - The means by which the data is collected (post office mailing, email, FAA website vs. social media interaction) can further affect the demographics and quantity of responses, as can the perceived anonymity or risks of sharing such information. For example, questions of potential self-selection biases (e.g., are pilots more likely to respond who have had medical issues, or whose medicals have been deferred or denied, versus those who have not experienced any problems) could skew the data. All such factors should be clearly identified in any report of study results and fully considered in any analyses and conclusions.

ALPA appreciates the opportunity to comment on the proposed collection of information.

Sincerely,



Captain Travis Ludwig  
Pilot Assistance Chair  
Air Safety Organization  
Air Line Pilots Association, International